



Effective Approaches for HIV Programs

December 2022

California Department of Public Health (CDPH)

Office of AIDS (OA)

1616 Capitol Avenue, Suite 616, MS 7700

Sacramento, CA 95814

Contents

Introduction 3

Benefits Counseling and Navigation..... 3

Comprehensive Sexual Health and Sex-Positive Education..... 4

Harm Reduction..... 4

Health and Wellness 5

Health Equity Approach 5

Innovative Testing Strategies 6

Involvement of the Priority Population in Service Delivery..... 6

Safe and Secure Program Environment..... 6

Social Networks 7

Status Neutral Approach..... 7

Syndemic Approach 8

Telehealth 8

Trauma-Informed Practices 9



Introduction

The California Department of Public Health (CDPH) Office of AIDS (OA) defines “social determinants” as the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. These include conditions of early childhood development, education, employment/work, food security, health services, housing, income, social exclusion, xenophobia/immigration status, homelessness, homophobia/transphobia, and others that can increase vulnerability to poor health outcomes. Health disparities in human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) are linked to social determinants that influence an individual’s ability to access services and address health and wellness. Well-documented racial and ethnic disparities in HIV among communities of color due to racism often result in inequitable living conditions and chronic stress. HIV providers must address the social determinants of health and promote health equity in populations that carry disproportionate rates of HIV.

Effective HIV programs include interventions that address the specific needs of the most underserved communities. According to California surveillance data, the most underserved populations include Black/African American (AA) and Latinx people. Effective programs must address the needs of these priority populations as well as address the social determinants of health and disparities for all people that are disproportionately affected by HIV and other STIs. Providers that use holistic approaches to meet the needs of people living with HIV (PLWH) may be well positioned to increase the health and well-being of these individuals. CDPH/OA recommends the following programmatic service delivery approaches to best serve PLWH and people that may be vulnerable to HIV.

Benefits Counseling and Navigation

Access to healthcare and treatment through public safety net programs and private insurance is an essential need and a fundamental right for all Black/AA and Latinx clients. Programs must incorporate a benefits counseling and navigation approach using client-centered and culturally and linguistically appropriate practices. These practices empower individuals to make informed decisions and exercise control over their long-term care needs to better assist them in assessing their eligibility for different types of health insurance, premium payment assistance, and essential preventative, support, and emergency services. Programs must also ensure equitable access for Black/AA and Latinx clients to services that already exist in their communities such as healthcare navigation, benefits counseling and advocacy, and medical case management.

Benefit counselors and navigators must be responsive to clients’ changing needs and circumstances, guide clients to healthcare systems, assist with health insurance, identify and reduce barriers to care, and tailor health information to the client to support full engagement in care. These individuals also assist by reducing barriers that

Black/AA and Latinx clients and their caregivers and families face in accessing the information they need and navigating a fragmented and complicated system. Getting timely, accurate information is critical to avoiding costly institutional care, and preventing health and safety emergencies.

Comprehensive Sexual Health and Sex-Positive Education

Comprehensive sexual health and sex-positive education acknowledges and affirms that PLWH of all ages may be sexually active, and that sexual activity may not cease with age. Effective programs will address the sexual health, self-image, and sexual lives of all individuals they serve, empowering sexually active PLWH to make informed decisions to keep themselves safe, healthy, and happy. Many PLWH experience increased vulnerability when pursuing new sexual and emotional connections and partners. Insulting behavior on the internet, ageism, and negative attitudes toward PLWH being sexually active can create barriers for PLWH to seeking intimacy and sexual experiences or coping with the offensive experiences. As such, providers should ensure safe spaces and opportunities for clients to share their experiences and to ask for assistance if/when needed.

Comprehensive sexual health and sex-positive education includes medically accurate information on a broad set of topics related to sexuality, including human development, healthy relationships, decision making, abstinence, contraception, and disease prevention. Programs should provide education on the importance of viral suppression not only for sustained health but to eliminate the potential of HIV transmission. The concept and meaning of Undetectable = Untransmissible (U=U) should be addressed and talking about sexuality and sexual health with both their healthcare providers and their sexual partners should be encouraged among clients. Programs should use a holistic approach to provide clients with accurate sexual health education that helps them reduce their vulnerability to HIV/STI, and support positive and affirming sexual experiences.

Harm Reduction

CDPH/OA promotes a harm reduction framework to support the health and safety of people who use drugs. Harm reduction accepts, without judgement, that people use drugs for many reasons. Risk and behaviors related to drug use occur across a spectrum, and everyone has the capacity to make positive changes without requiring abstinence. Harm reduction also seeks to challenge the circumstances by which people's experiences of drug use and its relationship to HIV risk or other health outcomes are deeply shaped by stigma and discrimination – including within the health care system – and by policies that target and exclude people from care related to drug use based on race, ethnicity, gender, housing status, poverty, and other factors.

Providers may incorporate harm reduction strategies in their programs using a variety of tools depending on the needs of the people they intend to serve. This includes syringe

services for people who inject drugs (PWID), counseling and health education designed to promote safer drug use (including for opioids, stimulants, alcohol, or polydrug use), safety for people who use drugs during sex, integration of mental health and substance use disorder care, overdose prevention services, and/or other strategies as appropriate.

It is important to acknowledge that methamphetamine or “meth” use is a significant driver of both HIV and congenital syphilis in gay male culture and associated communities of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, including men who have sex with men (MSM) and trans individuals. Meth use dovetails with opioid injection drug use in an array of associated effects such as mental health issues, overdose and death, and is prevalent in many regions within California including rural, suburban, and urban areas. Using a harm reduction approach, meth use should be discussed and addressed accordingly with clients in a non-judgmental fashion by creating opportunities for dialogue and contingency management with clients, if possible.

Health and Wellness

CDPH/OA requires programs serving PLWH to integrate the concepts of health and wellness into their HIV/STI services. Comprehensive health and wellness approaches address the physical, psychological, and environmental impacts on an individual’s overall health. PLWH have common and vital needs that should be addressed to ensure that they have the best health and wellness outcomes.

Programs should incorporate wraparound services that address the social determinants of health (social, economic, and environmental factors that determine the health status of individuals or populations such as housing and food security, mobility, stigma, social isolation, and depression that impact overall health and quality of life) which play a role in HIV infection and the ability of people vulnerable to, or living with HIV to seek treatment, care, and support.

Health Equity Approach

A health equity approach to providing services gives everyone the same, fair opportunity to attain their highest level of health. Achieving health equity requires providers to value everyone equally by using focused and ongoing efforts to address avoidable inequalities, racism, historical and contemporary injustices, and the elimination of health and healthcare disparities. Health equity also requires addressing social determinants of health, which are described as the non-medical factors that influence health outcomes such as the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Health disparities greatly affect some groups of people affected by HIV, viral hepatitis, and STIs more than other groups of people. Differences may occur by gender, race or ethnicity, education, income, disability, geographic location and sexual orientation, among others. Social determinants of health like poverty,

unequal access to health care, lack of education, stigma, and racism are linked to health disparities. This approach involves acknowledging and addressing racism as a threat to public health and the history of unethical practices in public health that lead to inequitable health outcomes.

Innovative Testing Strategies

Making sure everyone gets tested for HIV is a critical first step to end the epidemic. HIV testing serves as a pathway to prevention and care services for all people, as well as for people who should be tested for STIs and viral hepatitis. When possible, multiple testing strategies should be used for people who are at risk for infection because of behaviors such as having sex without condoms or with multiple partners, injecting drugs using shared needles, testing positive for one or more STIs, or having had a partner who recently tested positive for HIV. Innovative testing methods may include, but are not limited to, routine opt-out testing in medical settings, rapid outreach testing, self-testing provided by the health department, community-based organization (CBO), or via internet dating site. Any positive test result should lead to engagement in high-quality healthcare for people who may benefit from HIV, hepatitis c virus (HCV) or STI prevention and/or treatment such as linkage to care and being offered preexposure prophylaxis (PrEP) and other services. For people with undiagnosed HIV, testing enables them to rapidly begin HIV treatment to protect their health, prevent further transmission of the virus, and access testing and treatment for STIs. For people who do not have HIV, testing creates an opportunity to be connected to powerful HIV prevention services such as PrEP.

Involvement of the Priority Population in Service Delivery

Programs are expected to involve Black/AA and Latinx PLWH and HIV-negative individuals who are disproportionately impacted by HIV in the planning, design, and implementation of the proposed program. Funded programs are expected to maintain the priority population's ongoing involvement in an advisory capacity. Providers should ensure the priority population has been involved in the program development process and how they will be involved in the delivery of services.

Safe and Secure Program Environment

CDPH/OA recognizes that Black/AA, Latinx, and other people of color are often hesitant and/or unable to access services due to HIV-related stigma, medical mistrust, and systemic/institutional oppression and racism. Community input and recommendations regarding best practices emphasize the need for programs serving Black/AA and Latinx people to create environments where clients feel safe and supported both physically and psychologically, and where both their differences and life experiences are respected and appreciated. A key component to creating a safe program environment is hiring staff and peers who are welcoming, represent the community, who work with clients in a respectful manner, and demonstrate experience and cultural humility in

serving Black/AA and Latinx people. Cultural humility is a respect for the unique cultural experience of the individual, or an openness to what an individual has determined is his, her or their personal expression of heritage and culture.

Programs will be expected to develop and maintain an easily accessible, safe space where clients can discuss health, social and emotional issues, and receive other services as available (i.e., housing, mental health, legal services). Programs must also have frontline staff in place who have strong, clear communication skills, and who are respectful and patient with clients, whether in person or by phone, to mitigate adverse interactions between frontline staff and clients, which often creates a barrier for clients when attempting to access services.

Social Networks

CDPH/OA defines social networks as members or peers that are a part of the same social, sexual, or alcohol/drug using network and acknowledges that these may act as a link between health/social services and members of the community to facilitate access to and improve the quality and cultural competence of service delivery. CDPH/OA expects programs to use social network strategies to enlist people who are HIV/STI-positive, or most vulnerable to HIV/STIs, to recruit peers in their social, sexual, and drug/alcohol-using networks to seek HIV/STI testing. Clients can be recruited and trained to work with their networks to:

- Provide education and connections to supportive services;
- Distribute safer sex supplies and information on obtaining sterile syringes; and
- Locate HIV/STI testing sites, help link those who test positive to care and services

CDPH/OA recognizes that some PLWH may be a minority to the programs which serve them. As such, it is important to create spaces for these individuals to connect with others. Social networks may also refer to creating spaces and linking PLWH with other individuals and/or forums that aim to reduce social isolation, providing a sense of community to individuals who may have shared experiences, traumas, and needs.

Status Neutral Approach

According to the Centers for Disease Control (CDC), a status neutral approach to care and service delivery means that regardless of HIV status, people have access and support to stay on highly effective public health interventions like PrEP and HIV treatment. A status neutral approach combines HIV prevention and treatment tools to help people maintain their best health possible while also improving outcomes in HIV prevention, diagnosis care, and treatment. It also aims to eliminate barriers related to stigma, advance health equity and drive down disparities, and increase efficiency among service providers. CDPH/OA encourages programs to utilize a status neutral approach in a variety of ways, including:

- Providing healthcare that encompasses HIV testing, treatment, and prevention services;
- Offering HIV treatment and prevention alongside other local medical healthcare services frequently used by the community, including sexual health, transgender and other LGBTQ-focused care, and healthcare for people who use drugs;
- Recognizing and including broader social services such as housing, food, transportation, employment assistance, and mental health and substance use disorder services; and
- Delivering culturally affirming, stigma-free HIV treatment and prevention in settings that consider and prioritize a positive experience for the person seeking services, regardless of their HIV status.

Syndemic Approach

CDPH/OA has developed a syndemic framework for ending the epidemics of HIV/HCV/STIs based on the values of human dignity, racial and social justice, harm reduction, courageous leadership, collaboration, and person-centered solutions. A syndemic approach recognizes that STIs, viral hepatitis, injection drug use, and HIV are interacting epidemics, or syndemics, that can be addressed using similar strategies.

Providers incorporating the syndemic approach into their programs will provide holistic, coordinated care that addresses these overlapping epidemics, and focus on increasing access to quality healthcare settings. Programs may promote prevention and care in related systems including housing and education, patients should be provided a variety of resources such as housing, food, and employment, and existing programs will be integrated to address social and economic barriers.

Telehealth

Telehealth programs have become increasingly utilized by providers as an approach to overcome access barriers and deliver much needed, high-quality health services including diagnosis, consultation, treatment, education, and care management. Telehealth has the potential to increase client engagement and retention because patients will be less likely to encounter access barriers such as lack of transportation, busy schedules, and appointment availability. Additionally, telehealth can decrease the time of rapid antiretroviral treatment (ART) initiation and improve adherence and retention outcomes. Providers should take into consideration that the people they serve may speak languages other than English (i.e. Spanish) and should have staff in place to provide culturally and language appropriate services. Some examples of services that can be provided and/or improved by telehealth include but are not limited to:

- ART initiation;
- TelePrEP;

- Flexible and/or immediate appointments;
- Benefits enrollment assistance;
- Medical case management;
- Scheduled follow-up;
- Adherence counseling; and
- U=U education (i.e. Zoom and/or teleconference with medical providers)

Programs must demonstrate the ability to provide services, and achieve the goals of this funding, through a combination of in-person and telehealth and/or telemedicine methods. From a health equity perspective, programs must take into consideration the varying levels of technology available to their clients. Some individuals may not have access to smartphones, computers and/or may be in areas of California with limited internet reception, such as in internet deserts, mountains, or remote regions of the state. Funded programs must be able to provide services to clients with internet, smartphone, and telephone access, but must also be able to accommodate clients who do not have access to or an understanding of how to use these technologies. Many people experience a learning curve in accessing telehealth services. This can become overwhelming for some and may prohibit them from taking full advantage of telehealth services available to them. Providers may include components that support training and capacity building to assist clients in learning technologies and increasing skills to be able to access service remotely.

Trauma-Informed Practices

Effective programs must ensure that medical providers, frontline staff and navigators and other service providers use an intersectional approach to understand trauma. Programs must demonstrate an understanding of the challenges the aforementioned populations face and should effectively engage individuals with past and current experiences of trauma and violence so that they are not further stigmatized but instead are linked to appropriate care, treatment, and support services.

Providers are expected to apply the principles and practices of a trauma-informed approach to care with respect to service delivery. CDPH/OA defines “trauma-informed” as an approach to administering services in care and prevention that acknowledge that traumas may have occurred or may be active in clients' lives, and that those traumas can manifest physically, mentally, and/or behaviorally. A trauma-informed approach is expected to be understood and applied by agency staff at multiple points of service delivery. By applying this approach, providers understand the importance of recognizing and addressing an individual’s underlying mental health issues/needs that may influence their coping skills and self-protective behaviors. Furthermore, this approach recognizes historical, communal, and intergenerational trauma, which can be a key factor in clients’ decision-making process.

CDPH/OA recognizes that Black/AA and Latinx communities are disproportionately impacted by trauma and successful programs will take this into account in their service approaches. Communities of color have experienced overt discrimination and chronic

microaggressions. Individuals from these communities may become estranged from their families and support networks and experience loss of important support systems. Cofactors such as substance use and mental health issues may also be present, further emphasizing the importance of providing comprehensive and integrated services with a trauma-informed lens. For more information on trauma-informed care, please see the [NASTAD's Trauma-Informed Approaches Toolkit](#).

An important consideration in providing trauma-informed services is recognizing the intersectionality of PLWH. CDPH/OA defines intersectionality as the overlap of various social identities, such as age, race, gender, sexual identity/orientation, disability, class, and immigration status, which all contribute to systemic oppression and discrimination experienced by an individual. Successful programs will consider an individual's intersectional identities when providing services including, but not limited to, those listed. As HIV and health inequities continue to disproportionately impact PLWH with intersectional identities, using an intersectionality lens is critical in recognizing that everyone has unique experiences of discrimination and oppression, and how these experiences intersect and influence each other. Through an intersectional lens we consider the multiple factors that can marginalize these individuals.